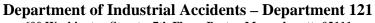
FORM 121

The Commonwealth of Massachusetts



600 Washington Street – 7th Floor, Boston Massachusetts 02111 Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470 http://www.mass.gov/dia

DIA Board# (If Known):

APPEAL OF CONFERENCE PROCEEDING

A COPY OF THE ADMINISTRATIVE JUDGE'S ORDER SHOULD BE ATTACHED TO THIS APPEAL.

ease Print or Type		INSTRUCTIONS ON THE REVERSE SI
1. Case Appealed By: Employee	Insurer	Other(Specify)
2. Medical Issue (Check one only): Appeal fee attached		3. Non-Medical Issue:
Appeal fee to be subm	itted to Department 121	
Form 136, Waiver Req	quest due to Indigence filed with Commissioner	
4. Date of Order (mm/dd/yyyy):	5. Name of Judge Who Issued Order:	6. Date of Injury (mm/dd/yyyy):
7. Employee's Name & Address (No. an	nd Street, City, State, Zip Code):	
	7A. Socia	al Security Number*:
8. Employer's Name & Address (No. an	nd Street, City, State, Zip Code):	
O Inguranga Camiar'a Nama & Address	(No and Street City State 7 in Code)	
9. Insurance Carrier's Name & Address	(No. and Street, City, State, Zip Code):	
10.37		
10. Name, Address & Telephone # of In	nsurer's Attorney:	
11. Name, Address & Telephone # of E	mployee's Attorney:	
12. Preparer's Name, Address (No. an	nd Street, City, State, Zip Code) and Telephone #:	
13 Propagar's Signature ("On Etle?":	s NOT accontable. Must have signature \(\begin{align*} 14 \ \text{Data Passes} \end{align*}	parad (mm/dd/vyyyy)
15. Freparer's Signature ("On-File") is	s NOT acceptable. Must have signature.): 14. Date Prep	areu (mm/uu/yyyy):

APPEAL OF A CONFERENCE ORDER FILING INSTRUCTIONS

- 1. <u>PURPOSE</u>: To file an appeal of a Conference proceeding pursuant to Massachusetts General Laws c. 152, Section 10A
- 2. <u>WHEN TO FILE:</u> An appeal must be filed within 14 days from the filing date of an administrative judge's conference order. This form is **NOT** to be used to appeal a hearing decision of an administrative judge.
- 3. WHERE TO FILE:

Department of Industrial Accidents 600 Washington Street, Department 121 Boston, MA 02111

Copies of this form must be mailed to all interested parties.

- 4. <u>IMPARTIAL MEDICAL EXAMINATION FEES:</u> Submit fee within 10 days of the appeal pursuant to M.G.L. c 152, Sec. 11A (2) to Department 121 or submit Form 136 Waiver Request based on Indigence to the Commissioner's Office.
- 5. Separate appeal form should be submitted for each board number.
- 6. A copy of the administrative judge's conference order should be attached to this appeal.
- 7. <u>NOTICE:</u> Failure to file a timely appeal shall be deemed to be acceptance of the administrative judge's order and findings (M.G.L. c. 152, Section 10A).